



**STATE OF TENNESSEE
ALCOHOLIC BEVERAGE COMMISSION**

Davy Crockett Tower
500 James Roberson Pkwy, 3rd Floor
615-741-1602

www.tn.gov/abc

4420 Whittle Springs Road
Knoxville, TN 37917
865-594-6342

One Commerce Square
40 South Main Street
4th Floor, Suite 415
Memphis TN 38103
901-543-7284



540 McCallie Avenue, Suite 341
Chattanooga, TN 37402-2055
423-634-6434

ALL signature spaces MUST
be signed and notarized.

APPLICATION FOR WINERY SELF-DISTRIBUTION PERMIT

Date: _____, 20 _____

Permit # SD-_____

I or We _____

hereby make application for a license to manufacture vinous beverages in the following location.

Doing Business As: _____

Business Address: _____ Business Tel () _____ Fax: () _____

City: _____ State _____ Zip Code: _____ County: _____

Mailing Address (if different from Business Address) _____
Street Address City State Zip

1. Please list the license number, name and address of the winery requesting a self-distribution permit.

2. Are you a winery that has a total annual wine production of 50,000 gallons or less? _____
2. Do you have a registered distribution contract with a licensed wholesaler for any brand? _____
3. How many cases of wine do you intend to self-distribute in the next license year? _____
 - a) If this is a renewal application, how many cases did you self-distribute in the past license year? _____
4. Prior to distribution, will the product at all times be stored within the bonded areas of the winery premises? _____
5. Who will be in active control and personally conduct the management of the self-distribution business?

6. Do you agree to register all brands with the Tennessee Department of Revenue prior to self-distributing such brand?

 - a) List all brands that you have registered, or intend to register, with the Tennessee Dept. of Revenue

7. If you are indebted to the State of Tennessee for any taxes, state the tax and amount _____

All data, written statements, affidavits, evidence or other documents submitted in support hereof, or upon bearing hereon, shall be deemed to be a part of this application.

The applicant or applicants agrees that the place for which application is made will be operated in conformity with Chapter 257, Public Acts of 1963, and in conformity with all applicable rules and regulations made pursuant to law, which are now, or may hereafter be, in force.

WARNING:

“YOUR STATEMENT IS MADE UNDER OATH OR AFFIRMATION. PROVIDING OR INCOMPLETE INFORMATION ARE GROUNDS FOR REJECTION OF APPLICATION OR SUSPENSION OR REVOCATION OF PERMIT IF ISSUED. FALSE STATEMENTS OR INCOMPLETE INFORMATION ARE ALSO SUBJECT TO THE PENALTIES OF PERJURY UNDER TENNESSEE LAW”

*** “THE ACCEPTANCE OF THIS APPLICATION DOES NOT GUARANTEE THE ISSUANCE OF A LICENSE OR PERMIT” ***

Print Name of Applicant

Signature of Applicant

Date Signed

Print Name of Owner of Establishment

Signature of Owner of Establishment

Date Signed

Subscribed and sworn to before me this _____ day of _____ 20 _____

My Commission Expires _____

Notary Public

Notary Seal

For TABC Validation ONLY

The State of Tennessee and the Tennessee Alcoholic Beverage Commission are Equal Opportunity Employers. Discrimination, in any of its practices, which is based on age, race, sex, color, religion, national origin, disabling condition or any other nonmerit factor is prohibited. Thus, the Tennessee Alcoholic Beverage Commission is an equal opportunity, equal access, affirmative action public entity.

FOR ADDITIONAL INFORMATION:

Contact the agency ADA Coordinator for this state agency: Assistant Director at 615-741-1602 or the Tennessee Office of Americans with Disabilities, Department of Personnel. Alternate formats of this notice are available on request.